09/007/20/basic

BASIC
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December 29, 1981

Audience: BA, BATA, CCRE, LCC, CFC, RECOVR, CR, CT, CTTA, TYP, CCE in PSC's, IES, EHI, EIE

Originating Office: OIP, OURV, ODP

PROGRAM OPERATIONS MANUAL SYSTEM

Part 09, Correspondence Notices and References (CN)
Chapter 007, Letters and Paragraphs for Title II, Title XVIII and Black Lung
Subchapter 20, Manual Adjustment Credit and Award Process (MADCAP)
Beneficiary Notice Print Program

New Material	*No. of Pages*
Conversion Chart	1
Table sof Contents (CN 00720.010–00720.970)	1
CN 00720.025–00720.970 (Cont.)	38

Background

This basic places instructions on MADCAP notices into the Program Operations Manual System (POMS). It is being issued as part of the effort to gather all notice material from all operating manuals identified for POMS conversion into one central point. The notices have been rearranged and consolidated and duplication has been eliminated. Special efforts have been made to assure conversion of the most current version of a given notice.

Explanation of Manual Changes

This section includes material from the Beneficiary Notice Manual and Beneficiary Notice Typing Manual. We have included a conversion chart which lists the old references and their location within the new POMS subchapter.

NEW POMS MATERIAL—DELAYED IMPLEMENTATION

CAUTION: The material contained in this transmittal is not effective until notification from Central Office. Delayed implementation is necessary to ensure that this new POMS transmittal and transmittals discarding material converted from the former manuals are in place before effectuation. A teletype will be utilized to effectuate these related transmittals.

DO NOT FILE OR IMPLEMENT THIS INSTRUCTION UNTIL FURTHER NOTICE

Effective Date: Upon Notification

U.S. Department of Health and Human Services
Social Security Administration
Office of Operational Policy and Procedures
SSA Pub. No. 68-0900720
I.C.N. 997524

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POMS

PROGRAM OPERATIONS MANUAL SYSTEM

Part 09

Correspondence, Notices and References

CHAPTER 007

Letters and Paragraphs for Title II, Title XVIII and Black Lung

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Subchapter 20

Manual Adjustment Credit and Award Process (MADCAP) Beneficiary Notice Print Program

U.S. Department of
Health and Human Services
Social Security Administration
Office of Operational Policy and Procedures

SA Pub. NO. 0900720
I.C.N. 997524

Check List of POMS Transmittals Received

BASIC 9/2/92 JRC

68-09007.20

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
1.			37.			73.			109.		
2.			38.			74.			110.		
3.			39.			75.			111.		
4.			40.			76.			112.		
5.			41.			77.			113.		
6.			42.			78.			114.		
7.			43.			79.			115.		
8.			44.			80.			116.		
9.			45.			81.			117.		
10.			46.			82.			118.		
11.			47.			83.			119.		
12.			48.			84.			120		
13.			49.			85.			121.		
14.			50.			86.			122.		
15.			51.			87.			123.		
16.			52.			88.			124.		
17.			53.			89.			125.		
18.			54.			90.			126.		
19.			55.			91.			127.		
20.			56.			92.			128.		
21.			57.			93.			129.		
22.			58.			94.			130.		
23.			59.			95.			131.		
24.			60.			96.			132.		
25.			61.			97.			133.		
26.			62.			98.			134.		
27.			63.			99.			135.		
28.			64.			100.			136.		
29.			65.			101.			137.		
30.			66.			102.			138.		
31.			67.			103.			139.		
32.			68.			104.			140.		
33.			69.			105.			141.		
34.			70.			106.			142.		
35.			71.			107.			143.		
36.			72.			108.			144.		

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
145.			181.			217			253.		
146.			182			218.			254.		
147.			183.			219.			255		
148.			184.			220			256.		
149.			185			221			257		
150.			186.			222			258		
151.			187			223			259		
152.			188			224			260		
153.			189			225			261		
154.			190			226			262		
155.			191			227			263		
156.			192.			228.			264.		
157.			193.			229			265		
158.			194			230			266		
159.			195.			231			267		
160.			196.			232			268		
161.			197.			233			269.		
162.			198			234			270		
163.			199			235.			271		
164.			200.			236.			272.		
165.			201.			237.			273		
166.			202			238.			274.		
167.			203.			239.			275		
168.			204.			240.			276.		
169.			205.			241.			277.		
170.			206.			242.			278.		
171.			207			243.			279.		
172.			208.			244.			280.		
173.			209.			245.			281.		
174.			210.			246.			282.		
175.			211.			247.			283.		
176.			212.			248.			284.		
177.			213.			249.			285.		
178.			214.			250.			286.		
179.			215.			251.			287.		
180.			216.			252.			288.		

Chapter 007—Letters and Paragraphs for Title II, Title XVIII and Black Lung
Subchapter 20—MADCAP Beneficiary Notice Print Program

Beneficiary Notice Manual (BNM) Reference	New POMS Reference
Chapter 300	
315	00720.010
	00720.025
315-2-315-4	00720.200
315-4-a-315-5	00720.400
315-6-315-7	00720.410
315-8-315-9	00720.420
315-10-315-11	00720.470
315-12-315-13	00720.490
315-14-315-15	00720.510
315-16-315-17	00720.530
315-20-315-21	00720.550
315-22-315-23	00720.570
315-24-315-25	00720.590
315-26-315-27	00720.610
315-28-315-29	00720.630
315-30-315-31	00720.650
315-32-315-33	00720.670
315-34-315-35	00720.890

Beneficiary Notice Typing Manual (BNTM) Reference	New Poms Reference
Chapter 200:	
210	00720.910
	00720.930
	00720.970
Section 250:	
Pages 25	00720.910
Pages 26–44	Deleted-Obsolete

CN 00720.000 Manual Adjustments, Credits and Award Processes (MADCAP)—Beneficiary Notice Print Program

Section

General Information

How the MADCAP Program Produces a Notice 00720.010
Types of MADCAP Notices 00720.025

MADCAP Awards

SSA-L30-C1 Social Security Award Notice Exhibit 00720.100
Generation of Benefit Rate and Date of Entitlement 00720.200

MADCAP Post-Adjudicative Notices

Generation of Post-Adjudicative Notices 00720.300
Category A—Adjustment Notice A 20 ..... 00720.400
Category A—Adjustment Notice A 21 ..... 00720.410
Category A—Adjustment Notice A 22 (Omnibus Notice) 00720.420
Category B—Reinstatement Notice 00720.470
Category C—Termination Notice 00720.490
Category D—Suspension Notice 00720.510
Category E—MADCAP One-Check-Only-A- 00720.530
Category F—Notification to Former Payee (226 ltr) 00720.550
Category G—Conversion Alert Notice-Underpayment Due 00720.570
Category J—Conversion Alert Notice—Overpayment Waived 00720.590
Category K—Conversion Alert Notice—Overpayment to be Recovered 00720.610
Category L—Conversion Alert Notice—Workmen's Compensation Notice 00720.630
Category M—Lump Sum Death Payment Notice 00720.650
Category P—Premium Adjustment Notice 00720.670
Category Y—Notice to Former Payee and SSA-L30-C1 to New Payee . 00720.800

Typing Instructions and Examples of MADCAP Notices

General Typing Instructions 00720.900
Typing Instructions Incomplete Notices 00720.930
Typing Instructions for Alerted Notices 00720.970

00720.000 MANUAL ADJUSTMENT CREDIT AND AWARD PROCESSES (MADCAP) BENEFICIARY NOTICE PRINT PROGRAM

Audience: *BA, BATA, CCRE, CFC, RECOVR, CT, CT-TA, CR, TYP, CCE, LCC, EHI, EIE, IES*

General Information

00720.010 How the MADCAP Program Produces A Notice

The MADCAP Beneficiary Notice Program will produce a notice, when requested, on the basis of information derived from the introduction of essential data and specific paragraph codes indicated in the Enclosure Notice Block on Form SSA-2795-U3. Notices will be generated on a payment (PIC) basis.

The benefit authorizer is responsible for completion of the Enclosure Notice Block on Form SSA-2795-U3. The instructions in CN 00719.000 should be used in conjunction with those in this subchapter to ensure proper completion of the SSA-2795-U3.

MADCAP notices become the responsibility of the typist whenever part or all of a notice needs to be manually typed. When this is the case, form SSA 573, Special Typing Instructions or Form SSA 865, Special Instruction Notice—Disability should be used to supply the typist with the missing information.

00720.025 Types of MADCAP Notices

The following is a listing of the different types of MADCAP notices. The second column shows how they will be identified in the "Additional Payment Information" block on Form SSA-3926-C2 (Formerly SSA-107a).

Types of Notices	*How they will be identified on Form SSA-3926-C2*
Award Notice	LTR INFO CERT 30
Adjustment Notice—A20	LTR INFO CAT A
Adjustment Notice—A21	LTR INFOR CAT A
Adjustment Notice—A22	LTR INFO CAT A
Reinstatement Notice	LTR INFO CAT B
Termination Notice	LTR INFO CAT C
Suspension Notice	LTR INFO CAT D
One-Check-Only A-	LTR INFO CAT E
Notification to Former Payee (226 ltr)	LTR INFO CAT F
Conversion Alert Notice— Underpayment due	LTR INFO CAT G
Conversion Alert Notice— Overpayment waived	LTR INFO CAT J
Conversion Alert Notice— Overpayment to be recovered	LTR INFO CAT K
Conversion Alert Notice— Workmen's Compensation Notice	LTR INFO CAT L
Lump-Sum Death Payment Notice	LTR INFO CAT M
Premium Adjustment Notice	LTR INFO CAT P
Notice to Former Payee and SSA-L30-C1 to New Payee	LTR INFO CAT Y

The notices listed above and the criteria for each are displayed and discussed on the following pages.

MADCAP Awards

00720.100 SSA-L30-C1 Social Security Award Notice Exhibit

A. Exhibit

Social Security Award Certificate

From: Department of Health and Human Services
Social Security Administration

Date

Claim Number:

Type of Benefit	Date of Entitlement	Monthly Benefit

This certifies that you (or the person(s) on whose behalf you applied), became entitled under the Social Security Act to the social security benefits shown.

John A. Svahn
Commissioner of Social Security

Important: See other side for additional information ▶

Form SSA-L30-C1 (2-80) (Formerly SSA-30)

B. Purpose/Use of Notice

Form SSA-L30-C1 (Social Security Award Certificate) is generally sent to the beneficiary(ies) when processing initial awards (including dual-entitlement), entitlement conversions, payee changes, and amended awards involving changes in the month of entitlement. The award certificate will not be used in "no payment award" actions.

When using the computer generated SSA-L30-C1, the system will generate a SSA-L30-C1 for each "PIC" payment and will notify the beneficiary(ies) of initial entitlement to any type of benefits.

The benefit authorizer will be responsible for the content and general tone of the award certificate and should use the MADCAP computer generated SSA-L30-C1 whenever possible. If a complete notice can not be generated, any additional paragraphs should be shown on Form SSA-573 and attached to the claims folder. After the Form SSA-3926-C2 and the incomplete notice are associated with the claims folder, it will be forwarded to the typist for completion.

There will be situations when the MADCAP Notice program will be unable to generate an award certificate. In those situations, the benefit authorizer will indicate a "D" in the Enclosure Notice Block on the Form SSA-2795-U3, prepare a Form SSA-573 and attach it to the claims folder. When an award must be manually prepared, instruct the typist to prepare an SSA-L30-C1 for each "PIC" payment even though all beneficiaries are residing in the same household. The paragraphs should be shown on the Form SSA-573 in the order in which they are to be typed on the award notice. The information should then appear in logical order, including any paragraphs requested by the claims authorizer. If a paragraph requires a fill-in(s), show this information in parentheses immediately following the paragraph number, in the same order as it will be entered in the paragraph.

C. Generation Criteria

The SSA-L30-C1 will be generated when:

1. the systems generated Action Block Type (ABT) will be 1, 5, or 6 which indicates an initial, conditional, or deferred award, and/or
2. the Special Indicator (SIC) is "EC" which represents entitlement conversion and/or
3. the Letter Identification Designation (LID) entry is completed indicating a change of payee.

D. Award Items Completed by MADCAP

The system will complete the following specific items on the award certificate:

1. Claim Number—in disability cases an "H" will immediately precede the PIC
2. Date—complete notices will be dated two days in the future; incomplete notices will not reflect a date
3. Name and address of the beneficiary or representative payee of the beneficiary, if such is the case
4. Type of Benefit
5. Date of Entitlement—SEE 00720.200 FOR EXCEPTIONS
6. Monthly Benefit—SEE 00720.200 FOR EXCEPTIONS
7. A check paragraph (if beneficiary is going into current or deferred pay status)
8. Applicable HI/SMI paragraphs, if a notice completion code of "C" or "I" is used.
9. Requested MADCAP paragraphs
10. The general award close-out paragraph (G19) if the B56 or B57 paragraph is not requested by the benefit authorizer.
11. Reconsideration paragraphs
12. Closing paragraph

00720.200 Generation of Benefit Rate and Date of Entitlement (DOE)

A. Systems Generation of Benefit Rate and DOE

The MADCAP notice program will generate on the award certificate the benefit rate for each beneficiary from his date of entitlement through the current operating month (COM). The notice program will generate the benefit rates and their effective dates *only* when the effective dates equal one of the following:

1. The beneficiary's date of entitlement (DOE)
2. The date of a congressional amendment rate increase
3. January of any year from 1968 through the current year.

Please not that the notice program uses the benefit amounts in the beneficiary's history fields. It will be mandatory, therefore, for the authorizer to furnish the beneficiary's complete benefits breakdown (rates and effective dates) in the Enclosure Notice Block on the form SSA-2795-U3 when history reflects a benefit amount that is not equal to the beneficiary's full monthly benefit amount (MBA). Also, the benefits breakdown must be furnished by the authorizer when an action changed the beneficiary's MBA in a month not mentioned above; the notice program will not generate a changed benefit amount unless it occurs on one of the 3 dates described above.

B. Overriding the System

To override the systems generation of the benefits breakdown, the authorizer will *not* code an asterisk (*) after the letter indication code (described in CN 00719.015). The correct format for an authorizer-input benefits breakdown is found in CN 00719.015. The following examples show when the systems-generated breakdown of benefit rates and dates would be incorrect and should be overridden by the benefit authorizer.

1. If a partial monthly benefit is payable, due to work, in the month of entitlement, a conversion month or in January, a complete breakdown of dates and rates are required.
2. If a prior overpayment is being recovered by par-

tial adjustment of the regular monthly benefits effective with the month of entitlement, a conversion month or in January, a complete breakdown of dates and rates are required.

3. Occasionally awards will be received in which a governmental pension is involved that will offset one claimant's special age 72 payments but not that of the spouse. If a partial payment is due the spouse effective with the month of entitlement, a conversion month or in January, a complete breakdown of dates and rates are required.
4. When installment payments are to be combined with the regular monthly payment effective with the month of entitlement, a conversion month or in January, a complete breakdown of dates and rates are required.
5. Cases involving Workmen's Compensation Offset when a partial monthly benefit is payable with the month of entitlement, a conversion month or in January, a complete breakdown of dates and rates are required.
6. When payments are to be combined because of dual entitlement (i.e., the MBA exceeds the primary insurance amount (PIA)), and combined benefits are payable in the month of entitlement, a conversion month, or if the combined rate changes in January, a complete breakdown of dates and rates are required.
7. When awarding benefits under 202(j)(1) provisions, and the 202(j)(1) beneficiary will not receive full monthly benefits effective with his date of entitlement, a complete breakdown of dates and rates are manually required.

C. When the System Will Not Generate the Monthly Benefit Data

The following are situations where there is a monthly benefit amount change and the system will not generate the effective date and new monthly benefit amount.

1. An initial award is received entitling C1, C2, C3, and C4 to benefits effective 5/80. C4 attains age 18 in 9/80 and is not a full time student.
   It will be necessary to input the entitlement date and monthly benefit amounts to C1, C2, and C3 for 5/80, 6/80, 9/80 and 6/81, and for C4 show only 5/80 and 6/80.
   CREC4, 05/8020.10, 06/8022.40, REC3, 05/8020.10, 06/8022.40, 09/8025.30, 06/8131.50, REC2,05/8020.10, 06/8022.40, 09/8025.30, 06/8131.50, RECI 05/8020.10, 06/8022.40, 09/8025.30, 06/8131.50* plus any additional MADCAP paragraphs which are necessary.
2. An initial award is received entitling C1 and C2 to benefits effective 2/80 and C3 effective 8/80.
   CREC3, 08/8020.10, 06/8125.50, REC202/8018.70, 06/8020.10, 08/8020.10, 06/8125.50. RECI, 02/8018.70, 06/8022.10, 08/8020.10, 06/8125.50* plus any additional MADCAP paragraphs which are necessary.
3. Any initial award where the initial date of entitlement is prior to January 1968.
4. New Representative Payee (Suspense status to current pay status).

D. Dual Entitlement Awards

Computer generated award certificates are produced by the MADCAP Notice program in the majority of dual entitlement situations. An award certificate will be generated when dual entitlement benefits are awarded simultaneously and the retirement date of entitlement (DOE) is earlier or when the auxiliary or survivor is subsequently awarded retirement benefits. Those cases requiring a manually prepared award in which (1) a beneficiary is entitled to retirement benefits and is subsequently awarded auxiliary or survivor benefits or (2) benefits are being awarded simultaneously and the auxiliary DOE is equal to or earlier than the retirement DOE or (3) the action is to initially award a beneficiary to two types of benefits on the same claim (e.g., a beneficiary being awarded an interim RSI benefit for the months 2/80 through 6/80 and also being awarded continuing disability benefits for 7/80 on), the notice system will not allow the authorizer to manually input a breakdown of benefits.

There are situations where a beneficiary may be entitled to benefits as an auxiliary or survivor on one earnings record and also entitled to benefits on their own record. In certain cases both benefits will be combined for payment under their own claim number. The beneficiary must be informed of the date of entitlement and the monthly benefit amount payable under each claim number. Some of the more common situations that will be encountered and the manner in which they should be handled are indicated below.

1. SIMULTAENOUSLY AWARDED "A" AND AUXILIARY BENEFITS

In this situation, each award will be prepared on a separate SSA-101-U3. If benefits are to be paid on both claims, payment will be made under the primary claim number. The MADCAP notice program can generate an SSA-L30-C1, showing the primary claim number; Retirement as the "Type of Benefit;" the "Date of Entitlement" will only reflect the date the beneficiary became entitled to benefits on his/her own record; and the combined amount payable as a "A" and an auxiliary will be shown as the "Monthly Benefit". It will also generate the name and address, the amount of first check and the check paragraph, if applicable, and any other MADCAP paragraphs that have been requested. At the present time, the MADCAP notice program is unable to give the complete breakdown i.e., the different Type of Benefit, Date of Entitlement to each benefit, and the monthly benefit amount for each type of benefit. Therefore, the benefit authorizer can either indicate an "I" in the Enclosure Notice Block of the Form SSA-2795-U3 and prepare a Form SSA-573 with the additional information and the typist will complete the incomplete notice or the benefit authorizer can

show a "D" in the Enclosure Notice Block and prepare a Form SSA-573 and give the complete information for the typist, who will prepare a single award certificate containing the details of entitlement to both benefits. In either case, paragraph B15 must be typed on the award certificate.

2. PREVIOUSLY AWARDED AS AN AUXILIARY

The auxiliary is now awarded benefits as a primary beneficiary. If the auxiliary benefit is being terminated, indicate MADCAP paragraph B14 and fill-in in the Enclosure Notice Block of Form SSA-2795-U3.

If the auxiliary benefit will continue to be payable, MADCAP paragraph B15 should be indicated in the Enclosure Notice Block of Form SSA-2795-U3.

3. PREVIOUSLY AWARDED AS AN "A" BENEFICIARY

Primary beneficiary is now being awarded auxiliary benefits. If both benefits are to be combined and paid under the primary claim number, the SSA-L30-C1 for the auxiliary benefits, will have to be prepared manually. Indicate "D" in the Enclosure Notice Block of Form SSA-2795-U3 and prepare Form SSA-573 giving complete information for the typist including paragraph B15.

4. RETIREMENT AND SURVIVORS INSURANCE (RSI)— DISABILITY INSURANCE BENEFITS (DIB)

The benefits of a DIB (HA-Primary beneficiary) will be combined with RSI benefits only in situations specified in PEM 1800. No coded paragraphs have been provided for this situation because of the small number of cases involved. The award certificate will have to be prepared manually.

If an RSI auxiliary beneficiary is subsequently awarded a DIB and the RSI benefit is terminated, indicate MADCAP paragraph B14 in the Enclosure Notice Block of Form SSA-2795-U3, if the computer generated SSA-L30-C1 will be used. If the award notice will be prepared manually, include paragraph B14 on Form SSA-573 to the typist.

If both benefits are being combined for payment (usually HA-CDB cases) enter "D" in the Enclosure Notice Block of Form SSA-2795-U3. Prepare Form SSA-573 and give complete information for the typist including a paragraph similar to paragraph B15, substituting "disability insurance" for "retirement insurance." If the benefit will not be combined, the servicing RSI program service center will prepare the award certificate for the RSI benefit. The benefit authorizer will indicate an "I" in the Enclosure Notice Block and using a Form SSA-573 dictate a paragraph that explains the reduced RSI benefit payment due to the entitlement to DIB. The processing office having jurisdiction will prepare the award certificate for the DIB award when the benefits are combined.

If a DIB is subsequently awarded RSI benefits and both payments will be combined, the benefit authorizer will prepare the RSI award certificate which will include a statement similar to paragraph B15. This award will have to be prepared manually. If the benefits will not be combined, the program service center will utilize the computer generated award certificate. The benefit authorizer will indicate an "I" in the Enclosure Notice Block of Form SSA-2795-U3 and prepare Form SSA-573 to include a paragraph to explain the benefit amount.

When benefits are to be combined, the benefit authorizer will indicate a "D" in the Enclosure Notice Block of Form SSA-2795-U3 and prepare Form SSA-573 giving complete information for the typist to prepare a single award certificate containing the details of entitlement to both benefits. The benefit authorizer should also include a statement similar to paragraph B15 to explain the combined payment. If the benefits will not be combined, the benefit authorizer will prepare the award certificate for the DIB award and the servicing program service centers will utilize the incomplete computer generated SSA-L30-C1 and, using Form SSA-573, have the typist include a statement explaining the amount of the RSI benefit.

5. NO PAYMENT AWARD

Occasionally an individual becomes entitled to benefits for a limited length of time and is then terminated, and because of some deduction event applicable for all months of entitlement, no payment is made. If there are no applicable form notices, i.e., SSA-L237C or SSA-L839, use Form SSA-L6900 with appropriate paragraphs including the reconsideration paragraph. Indicate a "D" in the Enclosure Notice Block of Form SSA-2795-U3 and prepare Form SSA-573 giving complete information for the typist.

If an award is made to other beneficiaries in the same family unit on the same claim, the information regarding the "No Payment" award may be added to their award certificate in the form of a dictated paragraph.

MADCAP Post-Adjudicative Notices

00720.300 Generation of Post Adjudicative Notices

The generation of post-adjudicative notices by the MADCAP beneficiary notice program will be accomplished by utilizing a combination of data elements from the Master Beneficiary Record and the information derived from the introduction of essential data and specific paragraph codes indicated in the Enclosure Notice Block on the Form SSA-2795-U3. Post adjudicative notices generated by the MADCAP notice program will be printed on Forms SSA-L475-C1. The notices will be generated on a payment (PIC) basis.

Sections CN 00720.400 through CN 00720.800 provides examples of computer generated MADCAP post adjudicative notices with specific instructions for each notice. The examples show all the notices and the text which will be generated by the print program. All fill-ins which are automatically generated are identified by "(COMP. GEN.)".

00720.400 Category A—Adjustment Notice A20

A—Exhibit

Social Security Benefit Information

FROM: (REVIEWING OFFICE)
(REVIEWING OFFICE ADDRESS)

EFFECTIVE (1) A MONTHLY BENEFIT OF $ (2) IS PAYABLE BECAUSE THE BENEFITS ON THIS SOCIAL SECURITY RECORD HAVE BEEN REFIGURED (3) .

(THE APPROPRIATE HI/SMI PARAGRAPHS WILL BE PRINTED HERE, IF APPLICABLE.)

(ALL REQUESTED MADCAP PARAGRAPHS WILL BE INSERTED AT THIS POINT IN THE ORDER IN WHICH THEY APPEAR ON THE INPUT RECORD.)

YOUR NEXT PAYMENT WILL BE FOR $ (COMP. GEN.). IT WILL INCLUDE THE DIFFERENCE BETWEEN THE AMOUNT YOU RECEIVED AT THE OLD RATE AND THE AMOUNT YOU SHOULD HAVE BEEN PAID AT THE NEW RATE. IT WILL COVER BENEFITS DUE YOU THROUGH (COMP. GEN.). AFTER THAT, YOU WILL RECEIVE YOUR REGULAR PAYMENT OF $ (COMP. GEN.).

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

NOTE: PARAGRAPH G20 WILL BE AUTOMATICALLY GENERATED WHEN A "YES" OPTION FOR SMI IS RECORDED ON THE MBR. IT WILL APPEAR RIGHT BEFORE THE CLOSING PARAGRAPH.

Important: See other side for an explanation of your appeal rights and other information.▶

Department of Health and Human Services
Social Security Administration

Form SSA-L473-C1 (1-81)
Destroy prior editions

B. Purpose/Use of A20 Notice

This notice is used to explain an increase or decrease in monthly benefit amounts, manual AERO actions, delayed retirement credits, adjustment of reduction factors etc.

C. Generation Criteria

The notice will be generated when:

1. the special A20 notice code indicated; and,
2. the new LAF status is C or D; and
3. the prior LAF status is C or D.

D. Fill-in Requirements

The opening paragraph on the A20 notice requires three (3) fill-ins which will be given by the benefit authorizer:

1. the date the change in rate is effective—MM/YY.
2. the full monthly benefit amount effective with the date shown
3. the reason for the change.

Each reason has been assigned an alpha code and is listed below:

a. To correct the previous calculation.
b. To give credit for additional earnings.
c. To increase the rate because the benefits of another person have been terminated.
d. To decrease the rate because another person is now entitled to benefits.
e. To increase the rate because a period of disability has been established.
f. To give credit for months of entitlement before age 65 (62) for which less than the full rate was paid.
g. To give credit for months of entitlement before age 65 for which benefits were paid based on caring for a child who was entitled to benefits.
h. To give credit for months your deceased spouse was entitled to, but not paid full benefits between age 62 and 65.
i. To give credit for months when you were at least age 65 and did not receive a retirement benefit because you were working.
j. Because of a special provision of the law. This special provision increases benefits for people who have worked under social security for many years at relatively low earnings.
k. To give credit for additional earnings and also to give credit for months after 1970 when you were at least age 65 and did not receive a retirement benefit because you were working.
l. To decrease the benefit based on your annual report of earnings which shows you worked in fewer months after age 65 than you had originally reported.
m. To give credit for months your deceased spouse was at least 65 and did not receive benefits because of work.

E. Paragraphs

The notice print program will automatically generate the check paragraph (G16) and the fill-ins required and the closing paragraph (G21). When a notice completion code of "C" or "I" is used, the program will self-generate all HI/SMI paragraphs, when applicable. However, the benefit authorizer must provide the necessary information for the system to generate any other MADCAP paragraphs (See CN 00719.000 for the necessary annotations required in the Enclosure Notice Block on Form SSA-2795-U3).

F. Special Note

When it is necessary to manually type the entire MADCAP notice (A20), paragrpah G20 must be included if there is a "YES" election for SMI recorded for the beneficiary involved in the notice. Paragraph G20 should be typed right before the closing paragraph.

00720.410 Category A—Adjustment Notice—A21

A. Exhibit

Social Security Benefit Information

FROM:

DATE:

CLAIM NUMBER:

AS YOU HAVE BEEN NOTIFIED IN OUR LETTER DATED (1), WE ARE WITHHOLDING YOUR BENEFITS TO RECOVER THE OVERPAYMENT OF $ (2).

(THE APPROPRIATE HI/SMI PARAGRAPHS WILL BE PRINTED HERE, IF APPLICABLE.)

(ALL REQUESTED MADCAP PARAGRAPHS WILL BE INSERTED AT THIS POINT IN THE ORDER IN WHICH THEY APPEAR ON THE INPUT RECORD.)

YOUR NEXT PAYMENT OF $ (COMP. GEN.) WILL INCLUDE BENEFITS DUE THROUGH (COMP. GEN.). AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY PAYMENT FOR $ (COMP. GEN.).

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

NOTE: PARAGRAPH G20 WILL BE AUTOMATICALLY GENERATED WHEN A "YES" OPTION FOR SMI IS RECORDED ON THE MBR. IT WILL APPEAR RIGHT BEFORE THE CLOSING PARAGRAPH.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of A21 Notice

This notice is used to explain the withholding of an overpayment after the initial notification of the overpayment has been sent to the beneficiary.

C. Generation Criteria

The notice will be generated when:

1. the special A21 notice code is indicated; and
2. the new LAF status is C or D; and
3. the prior LAF status is C or D.

D. Fill-In Requirements

The opening paragraph on the A21 notice requires two (2) fill-ins which will be given by the benefit authorizer:

1. the date of the original overpayment notice—MM/DD/YY and
2. the amount of the overpayment.

E. Paragraphs

The notice print program will automatically generate the check paragraph (G17) and the fill-ins required and the closing paragraph (G21). When a notice completion code of "C" or "I" is used, the program will self-generate all HI/SMI paragraphs, when applicable. However, the benefit authorizer must provide the necessary information for the system to generate any other MADCAP paragraph required. (See CN 00719.000 for the necessary annotations required in the Enclosure Notice Block on Form SSA-2795-U3.)

F. Special Note

When it is necessary to manually type the entire MADCAP notice (A21), paragraph G20 must be indicated if there is a "YES" election for SMI recorded for the beneficiary involved in the notice. Paragraph G20 should be typed right before the closing paragraph.

00720.420 Category A—Adjustment Notice A22 (Omnibus Notice)

A. Exhibit

Social Security Benefit Information

FROM:

DATE:

CLAIM NUMBER:

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

(THE APPROPRIATE HI/SMI PARAGRAPHS WILL BE PRINTED HERE, IF APPLICABLE.)

(ALL REQUESTED MADCAP PARAGRAPHS WILL BE INSERTED AT THIS POINT IN THE ORDER IN WHICH THEY APPEAR ON THE INPUT RECORD.)

YOUR NEXT PAYMENT FOR $ (COMP. GEN.) WILL INCLUDE BENEFITS DUE YOU THROUGH (COMP. GEN.). AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY PAYMENT FOR $ (Comp. Gen.).

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

NOTE: PARAGRAPH G20 WILL BE AUTOMATICALLY GENERATED WHEN A "YES" OPTION FOR SMI IS RECORDED ON THE MBR. IT WILL APPEAR RIGHT BEFORE THE CLOSING PARAGRAPH.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of A22 Notice

This notice is used to explain actions taken on work notices, readjusted rate cases, and all other miscellaneous adjustment actions not covered in the A20 or A21 adjustment notices.

C. Generation Criteria

The notice will be generated when:

1. the new LAF status is C or D; and
2. the prior LAF status is C or D.

NOTE: *If the benefit authorizer wants to refer a specific paragraph within this notice to a specific BIC, the Omnibus Notice must be identified by showing "A22*". See CN 00719.000.*

D. Fill-In Requirements

The opening paragraph does not require any fill-ins.

E. Paragraphs

The notice print program will automatically generate the check paragraph (G17) and the fill-ins required and the closing paragraph (G21). When a notice completion code of "C" or "I" is used, the program will self-generate all HI/SMI paragraphs, when applicable. However, the benefit authorizer must provide the necessary information for the system to generate any other MADCAP paragraphs.

If the benefit authorizer requests a complete notice (by coding a notice completion code of "C" or "H"), the notice program will change the code of "C" or "H" to "I" or "B" respectively *unless* the authorizer either requested at least 1 MADCAP paragraph to explain the action taken or at least 1 Medicare paragraph was computer-generated. (See CN 00719.000 for the necessary annotations required in the Enclosure Notice Block on Form SSA-2795-U3.)

F. Special Note

When it is necessary to manually type the entire MADCAP notice (A22), paragraph G20 must be indicated if there is a "YES" election for SMI recorded for the beneficiary involved in the notice. Paragraph G20 should be typed right before the closing paragraph.

00720.470 Category B—Reinstatement Notice

A. Exhibit

Social Security Benefit Information

FROM: (REVIEWING OFFICE)
(REVIEWING OFFICE ADDRESS)

DATE:

CLAIM NUMBER:

YOUR BENEFITS ARE BEING RESUMED EFFECTIVE (1). YOUR PAYMENT FOR $ (COMP. GEN.) WILL INCLUDE BENEFITS THROUGH (COMP. GEN.). AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY PAYMENT FOR $ (COMP. GEN.).

(THE APPROPRIATE HI/SMI PARAGRAPHS WILL BE PRINTED HERE, IF APPLICABLE.)

(ALL REQUESTED MADCAP PARAGRAPHS WILL BE INSERTED AT THIS POINT IN THE ORDER IN WHICH THEY APPEAR ON THE INPUT RECORD.)

IF YOU HAVE QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of Notice

This notice is used when reinstating benefits.

C. Generation Criteria

This notice will be generated when:

1. the new LAF is C or D *and*
2. the old LAF is S or T

D. Fill-In Requirements

The benefit authorizer must provide the first fill-in for the opening paragraph, the effective date benefits are resumed. If this fill-in is not provided, the notice will be "ALERTED." The notice print program will generate the remaining fill-ins for the first paragraph and the closing paragraph (G21).

E. Paragraphs

When a notice completion code of "C" or "I" is used, the program will self-generate all HI/SMI paragraphs, when applicable. However, the benefit authorizer must provide the necessary information for the system to generate any other MADCAP paragraphs. (See CN 00719.000 for the necessary annotations required in the Enclosure Notice Block on Form SSA-2795-U3.)

00720.490 Category C—Termination Notice

A. Exhibit

Social Security Benefit Information

From: (Reviewing office)
(Reviewing office address)

Date:

Claim Number:

Beginning with (Comp. Gen.), you are not eligible to receive benefit payments for the reason stated below.

(The appropriate HI/SMI paragraph will be printed here, if applicable.)

(All requested MADCAP paragraphs will be inserted at this point in the order in which they appear on the input form.)

System-Generated Overpayment Paragraph

Our records show you have been overpaid $ (Comp. Gen.). If your benefits have been sent to a financial institution, they must be returned. Please return any uncashed check(s) covering this amount to the Treasury Department, Bureau of Accounts, Division of Disbursement (as shown on the check envelope). If there are no uncashed checks, make the refund payable to the Social Security Administration. Always include your claim number (as indicated above) on the check or money order. Send your payment to the ** _____ .

See item 4 on the back of this notice for additional information. Please disregard this request if you have already repaid the overpayment.

System-Generated OCO Paragraph

Your check for $ (Comp. Gen.) will be mailed to you shortly and will include payment due through (Comp. Gen.).

System-Generated Annual-Report-Reminder Paragraph

When benefits are terminated during the year, you must file an annual report if you earn over $3,480 (under age 65) or over $4,500 (over age 65). In this report include your earnings for the entire year both before and after your benefits were terminated.

If you have any questions about your claim, you may get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this notice with you.

**The system will automatically generate the proper refund address.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of Category C Notice

This notice is used to notify beneficiaries that benefits have been terminated.

C. Generation Criteria

The notice will be generated when:

1. the old LAF is C, D, S or T; *and*
2. the new LAF is T.

The MADCAP notice program can be utilized to produce a letter for a beneficiary whose benefits are being resumed from LAF "T" but whose resultant LAF is "T". An example of this situation would be where a child is terminated from student's benefits in 1/81. He then decides to return to school but does not notify SSA until 6/81, the last month he plans to attend school. His benefits would be resumed from 1/81 to 6/81, and his final LAF would still be "T".

If the updated LAF is T-1 MADCAP will *not* produce a notice. If a notice is to be prepared (e.g., if the deceased had a representative payee) a dictated notice must be prepared. Show a completion code of D or N in the Enclosure Notice Block of the SSA-2795-U3.

D. Fill-In Requirements

The notice print program will automatically generate the notice including all the fill-ins.

E. Paragraphs

When a notice completion code of "C" or "I" is used, the program will self-generate all HI/SMI paragraphs, when applicable. In cases where an overpayment exists on the MBR, the system will automatically generate an overpayment paragraph including the overpayment amount. If the resulting ABT is 3, a check paragraph will be generated to explain the payment. Also, a paragraph requesting the terminated beneficiary to file an annual report of earnings will be generated for all terminated beneficiaries except when the following beneficiaries are terminated: DWB, DAC or HA. (See the example of the termination notice on the opposite page, and see CN 00719.000 for the necessary annotations required in the Enclosure Notice Block on Form SSA-2795-U3.)

NOTE: *If the benefit authorizer requests a complete notice (by coding a notice completion code of "C" or "H"), the notice program will change the code of "C" or "H" to "I" or "B" respectively unless the authorizer either requested at least 1 MADCAP paragraph to explain the action taken or at least 1 Medicare paragraph was computer-generated.*

00720.510 Category D—Suspension Notice

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number:

YOUR BENEFIT PAYMENTS HAVE BEEN STOPPED EFFECTIVE (COMP. GEN.) FOR THE REASON STATED BELOW.

(The appropriate HI/SMI paragraphs will be printed here, if applicable.)

(All requested MADCAP paragraphs will be inserted at this point in the order in which they appear on the input form.)

SYSTEM-GENERATED OCO PARAGRAPH

YOUR CHECK FOR $(COMP. GEN.) WILL BE MAILED TO YOU SHORTLY AND WILL INCLUDE PAYMENT DUE THROUGH (COMP. GEN.).

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of Category D Notice

The notice will be generated when benefits are suspended.

C. Generation Criteria

This notice will be generated when:

1. the old LAF is C or D and
2. the new LAF is S

This notice will not be generated when the old LAF is S and new LAF is S. A manual notice will be prepared, if necessary in those situations.

D. Fill-in Requirements

The notice print program will automatically generate the notice including all the fill-ins.

E. Paragraphs

When a notice completion code of "C" or "I" is used, the program will self-generate all HI/SMI paragraphs, when applicable. However, the benefit authorizer must provide the necessary information for the system to generate any other MADCAP paragraphs. (See CN 00719.000 for the necessary annotations required in the Enclosure Notice Block on Form SSA-2795-U3.) If the resulting ABT is 3, a check paragraph will be generated to explain the amount.

NOTE: *If the benefit authorizer requests a complete notice (by coding a notice completion code of "C" or "H"), the notice program will change the code of "C" or "H" to "I" or "B" respectively unless the authorizer either requested at least 1 MADCAP paragraph to explain the action taken or at least 1 Medicare paragraph was computer-generated.*

00720.530 Category E—MADCAP One-Check-Only-A

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number

A CHECK FOR $ (COMP. GEN.) WILL BE MAILED TO YOU IN A FEW DAYS. OUR RECORDS SHOW THAT PAYMENT IS DUE FOR THE REASONS STATED BELOW.

(All requested MADCAP paragraphs will be inserted at this point in the order in which they appear on the input form.)

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE ANSWERED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of Category E Notice

This notice is used when payment is made in addition to the regular payments.

C. Generation Criteria—Category E Notice

This notice *must be requested* by the benefit authorizer by recording one of the following in the Enclosure Notice Block on the Form SSA-2795-U3.

1. Complete letter
   Record "C*A18," and one of the fill-ins (A-I)
2. Incomplete letter with additional information.
   Record "I*A18," and one of the fill-ins, plus a Form SSA-573 with additional information.
3. Incomplete letter, none of the fill-ins apply.
   Record "I*A18." and prepare a Form SSA-573 for additional information.

Any applicable requested paragraphs may be added to the notice after the A18 paragraph.

D. Paragraphs

Paragraph A18, shown below, can only be used with this notice.

A18. One—Check—Only A—Reasons
- A. Payment of supplemental lump-sum
- B. Payment of underpayment due____(1)____ (1) name of deceased beneficiary
- C. Payment of an amount previously due or withheld.
- D. Amount due because of an increase in rate.
- E. Check(s) returned by the former payee is (are) now payable to you.
- F. Payment is in addition to your regular monthly benefit check.
- G. Refund of benefits withheld because of work.
- H. Refund of excess medical insurance premiums.
- I. Returned benefit check.

(See CN 00719.000, for the necessary annotations required in the Enclosure Notice Block on Form SSA-2795-U3.)

NOTE: *If "C" or "H" is input and no alphabetic fill-in code is indicated, the notice program will change the completion code to "I" or "B" as appropriate.*

00720.550 Category F—Notification to Former Payee (226LTR)

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number:

AFTER CONSIDERING ALL THE INFORMATION AVAILABLE TO US, WE HAVE DECIDED THAT THE SOCIAL SECURITY BENEFITS FOR _____ WILL NOW BE PAID TO ANOTHER PAYEE.

IF YOU HAVE ANY QUESTIONS ABOUT THIS LETTER, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of Category F Notice

This notice will be used to notify a former payee that benefits will now be paid to another payee.

C. Generation Criteria

The notice will be generated when the LID entry in RID 2 of the SSA-2795-U2 is completed with a "Y." If the LID entry contains a "Y" on the input record, the notice program will generate the 226 notice, and all fill-ins will be computer generated.

D. Paragraphs

No additional paragraphs can be added to the 226 notice.

NOTE: *If the Enclosure Notice Block indicates "N", "D", or blank then only the 226 notice will be generated and the category of output reflected on the MADCAP output form will be "CATEGORY F." See category Y for additional information.*

00720.570 Category G—Conversion Alert Notice—Underpayment Due

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number:

A GENERAL INCREASE IN SOCIAL SECURITY BENEFITS RECENTLY RAISED MONTHLY PAYMENTS. WE WERE UNABLE TO DOUBLE CHECK THE ACCURACY OF ALL OF THE INCREASES BEFORE THE DATE THE FIRST PAYMENTS WERE PREPARED. A SMALL PERCENTAGE WERE LATER FOUND TO BE INACCURATE. YOURS WAS ONE OF THESE. WE ARE SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED YOU. YOUR CORRECTED NEW RATE IS SHOWN BELOW.

YOUR NEXT PAYMENT WILL BE FOR $ (COMP. GEN.). IT WILL INCLUDE THE DIFFERENCE BETWEEN THE AMOUNT YOU RECEIVED AT THE OLD RATE AND THE AMOUNT YOU SHOULD HAVE BEEN PAID AT THE NEW RATE. IT WILL COVER BENEFITS DUE YOU THROUGH (COMP. GEN.). AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY PAYMENT OF (COMP. GEN.).

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of Category G Notice

This notice is used to advise a beneficiary that in processing the general increase their benefit amount was incorrectly converted and as a result they are due an underpayment.

C. Generation Criteria

This notice will be completely systems generated during July, August and September when processing conversion alert cases.

This notice will be generated when:

1. an incorrectly converted rate for a current pay case is being corrected, and
2. an underpayment is involved, and
3. The PCC (Payment Composition Change) field of RID 1 on Form SSA-2795-U3 is annotated "CON ALERT", and
4. the adjustment action is being processed in July, August or September operating months.

D. Fill-In Requirements

All fill-ins will be computer generated.

E. Paragraphs

No additional paragraphs can be added to this notice.

00720.590 Category J—Conversion Alert Notice-Overpayment Waived

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number:

A GENERAL INCREASE IN SOCIAL SECURITY BENEFITS RECENTLY RAISED MONTHLY PAYMENTS. WE WERE UNABLE TO DOUBLE CHECK THE ACCURACY OF ALL OF THE INCREASES BEFORE THE DATE THE FIRST PAYMENTS WERE PREPARED. A SMALL PERCENTAGE WERE LATER FOUND TO BE INACCURATE. YOURS WAS ONE OF THESE. WE ARE SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED. YOUR CORRECTED NEW RATE IS SHOWN BELOW.

IN VIEW OF THE CIRCUMSTANCES IN YOUR CASE, WE HAVE DETERMINED THAT IT WILL NOT BE NECESSARY TO ADJUST YOUR RECORD TO RECOVER THE INCORRECT PAYMENT THAT HAS ALREADY BEEN MADE. HOWEVER, BEGINNING WITH THE SOCIAL SECURITY PAYMENT OF (COMP. GEN.), YOU WILL RECEIVE YOUR MONTHLY BENEFIT AT THE CORRECT RATE OF $ (COMP. GEN.).

IF YOU HAVE ANY QUESTIONS ABOUT THE MONTHLY BENEFITS AMOUNT YOU ARE RECEIVING, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of Category J Notice

This notice is used to advise a beneficiary that in processing the general increase their benefit amount was incorrectly converted and that as a result they are overpaid less that $1.00 which has been waived.

C. Generation Criteria

This notice will be completely systems generated during July, August, and September when processing Conversion Alert Cases.

This notice will be generated when:

1. an incorrectly converted rate for current pay case is being corrected, and
2. an overpayment of $1 or less is involved, and
3. the PCC (Payment Composition Change) field of RID 1 on Form SSA-2795-U3 is annotated "CONV ALERT", and
4. the adjustment action is being processed in July, August or September operating month.

D. Fill-In Requirements

All fill-ins will be computer generated.

E. Paragraphs

No additional paragraphs can be added to this notice.

00720.610 Category K—Conversion Alert Notice—Overpayment to be Recovered

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number:

OUR RECORDS SHOW YOU RECEIVED $ (COMP. GEN.) MORE IN SOCIAL SECURITY BENEFITS THAN YOU SHOULD HAVE. A GENERAL INCREASE IN SOCIAL SECURITY BENEFITS RECENTLY RAISED MONTHLY PAYMENTS. WE WERE UNABLE TO DOUBLE CHECK THE ACCURACY OF ALL OF THE INCREASES BEFORE THE DATE THE FIRST PAYMENTS WERE PREPARED. A SMALL PERCENTAGE WERE LATER FOUND TO BE INACCURATE. YOURS WAS ONE OF THESE. WE ARE SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED. YOUR CORRECTED NEW RATE IS SHOWN BELOW.

(WHICH EVER OF THE FOLLOWING RECOVERY OF OVERPAYMENT PARAGRAPHS IS APPROPRIATE WILL BE PRINTED HERE.)

A24. OVERPAYMENT RECOVERY BY ADJUSTMENT PROPOSED-BENEFICIARY IN CURRENT PAY

We plan to recover this overpayment by reducing your benefit to $(Comp. Gen.) beginning (Comp. Gen.). We will continue withholding $(Comp. Gen.) each month until the overpayment has been fully recovered.

or

A57. OVERPAYMENT WITHHELD FROM ONE BENEFIT

We plan to recover this overpayment by reducing your benefit to $(Comp. Gen.) in (Comp. Gen.).

If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration you must request it not later than 60 days from the date you receive this notice. You may make any such request through any social security office. If additional evidence is available, you should submit it with your request.

See item 4 on the reverse side of this notice for additional information about overpayments. If you think you meet the conditions described in item 4, you should call, write, or visit any social security office within 30 days to make your request. Unless we hear from you within 30 days, we shall withhold benefits as indicated above.

Enclosure: SSA-3105

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of Catergory K Notice

This notice is used to advise a beneficiary that in processing the general increase their benefit amount was incorrectly converted and as a result they are overpaid.

C. Generation Criteria

This notice will only be completely systems generated during July, August and September when processing Conversion Alert Cases.

This notice will be generated when:

1. an incorrectly converted rate for current pay case is being corrected, and
2. an overpayment of over $1 is involved and
3. the PCC (Payment Composition Change) field of RID 1 on Form SSA-2795-U3 is annotated "CONV ALERT", and
4. the adjustment action is being processed in July, August or September operating month.

D. Fill-In Requirements

All fill-ins will be computer generated.

E. Paragraphs

No additional paragraphs can be added.

00720.630 Category L—Conversion Alert Notice—Workmen's Compensation Notice

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number:

YOUR BENEFITS ARE BEING RESUMED EFFECTIVE (COMP. GEN.). YOUR PAYMENT FOR $(COMP. GEN.) WILL INCLUDE BENEFITS THROUGH (COMP. GEN.). AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY PAYMENT FOR $(COMP.GEN.) .

DUE TO A RECENT AMENDMENT TO THE SOCIAL SECURITY ACT, YOUR REGULAR MONTHLY BENEFIT AMOUNT HAS BEEN INCREASED EFFECTIVE JUNE 1977. UNDER THE LAW, THE AMOUNT OF INCREASE IS PAYABLE TO YOU EVEN THOUGH THE REMAINDER OF YOUR BENEFITS MUST BE WITHHELD DUE TO THE RECEIPT OF WORKMEN'S COMPENSATION.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

Important: See other side for an explanation of your appeal rights and other information.▶

B. Purpose/Use of Category L Notice

The notice is used to advise a beneficiary in suspense for receipt of workmen's compensation that a general increase in benefits has been processed and as a result they are due the increase.

C. Generation Criteria

This notice will be completely systems generated during July, August and September when processing Conversion Alert Cases.

This notice will be generated when:

1. the adjustment action is being processed in the July, August or September operating month, and
2. the prior LAF is SW, and
3. the new LAF is C in the increase effective month.
4. The PCC (Payment Composition Code) field of the RID 1 on form SSA-2795-U3 is annotated "CONV ALERT.

D. Fill-In Requirements

All fill-ins will be computer generated.

E. Paragraphs

No additional paragraphs can be added to this notice.

00720.650 Category M—Lump Sum Death Payment Notice

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number:

A CHECK WILL BE SENT TO YOU WITHIN A FEW DAYS FOR THE LUMP-SUM DEATH PAYMENT ON THE SOCIAL SECURITY RECORD OF (COMP. GEN.).

THE AMOUNT OF THE CHECK IS $ (COMP. GEN.).

(Requested MADCAP paragraphs, if any, will be inserted at this point in the order in which they appear on the input record.)

YOU ARE NOT ELIGIBLE FOR ANY TYPE OF BENEFIT OTHER THAN WHAT IS STATED ON THIS CERTIFICATE. ENTITLEMENT TO ANOTHER BENEFIT ON THIS OR ANY OTHER RECORD IN THE FUTURE REQUIRES A SEPARATE APPLICATION.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

Important: See other side for an explanation of your appeal rights and other information.

B. Purpose/Use of Category M Notice

This notice will be generated when a lump-sum death payment is being processed through the MADCAP program.

Exceptions:

1. It cannot be used when the lump-sum death payment is being paid to a funeral home. A manual notice must be used.
2. It should not be used when processing a lump-sum death payment in conjunction with an underpayment.

C. Generation Criteria

It will be generated when the PIC column in RID 5 contains the claim symbol of G1, G2, etc.

D. Fill-In Requirements

All fill-ins will be computer generated. (See CN 00719.000 for the necessary annotations required in the Enclosure Notice Block on Form SSA-2795-U3.)

If the notice program is unable to determine the number holder's name (fill-in 1), a blank space will be provided and the letter will be alerted after all appropriate paragraphs have been incorporated into the notice.

00720.670 Category P—Premium Adjustment Notice

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number:

YOUR NEXT PAYMENT FOR $ (COMP. GEN.) WILL INCLUDE BENEFITS DUE YOU THROUGH (COMP. GEN.). AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY PAYMENT FOR $ (COMP. GEN.) .

THE ABOVE PAYMENT HAS BEEN ADJUSTED FOR ALL MEDICAL INSURANCE PREMIUMS DUE OR PAID IN ADVANCE.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

Important: See other side for an explanation of your appeal rights and other information.▶

Department of Health and Human Services
Social Security Administration

Form SSA-L475-C1 (1-81)
Destroy prior editions

B. Purpose/Use of Category P Notice

This notice is used to notify a claimant that his or her CMA check has been adjusted because of a premium arrearage or overage.

C. Generation Criteria

When a MADCAP history adjustment action is processed with no check adjustment and a premium arrearage or overage exists, the CMA check will be automatically adjusted by the system. The benefit authorizer being unaware of the premium status, will enter an "N" in the Enclosure Notice Block on Form SSA-2795-U3. Since a check adjustment is being made by the system for the premium arrearage or overage, the MADCAP notice program will automatically generate this notice when:

1. a history change action is taken with no check adjustment, *and*
2. the old LAF is C and the new LAF is C, *and*
3. a premium arrearage or overage exists, *and*
4. the Enclosure Notice Block on Form SSA-2795-U3 is coded "N".

D. Fill-Ins

All fill-ins will be computer generated.

00720.800 Category Y—Notice to Former Payee and Form SSA-L30-C1 to New Payee

A. Exhibit

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Date:

Claim Number:

AFTER CONSIDERING ALL THE INFORMATION AVAILABLE TO US, WE HAVE DECIDED THAT THE SOCIAL SECURITY BENEFITS FOR (COMP. GEN.) WILL NOW BE PAID TO ANOTHER PAYEE.

IF YOU HAVE ANY QUESTIONS ABOUT THIS LETTER, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

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B. Purpose/Use

The SSA-L226 notice is used as notification to the former payee. The SSA-L30-C1 is used to advise the new payee of the entitlement information.

C. Generation Criteria for the SSA-L226 Notice

The notice to the former payee (SSA-L226) will be generated and all fill-ins will be systems generated when the RID 2 LID is coded "Y". No additionl paragraphs can be added to this notice.

D. Generation of the SSA-L30-C1

The N or Y option in the RID 2 LID will produce an SSA-L30-C1 to the new representative payee if the following conditions are met:

1. the current LAF is C, and
2. the prior LAF is C or S or the current action is a reentitlement award; and
3. the RID 5 letter information does not contain an N or D letter completion code.

NOTE: *If the prior LAF is C, MADCAP will generate a date of entitlement of COM on the award notice. Systems generation of the breakdown rate/date can be overridden by RID 5 letter coding. If the current action is a reentitlement award, MADCAP will generate the DOEC as the date of entitlement unless manually overridden. If the prior LAF is S, a manual override must be provided or MADCAP will alert the notice. The date of entitlement provided on input should be the date benefits are resumed.*

If no notice is to be sent the LID block should be left blank.

Typing Instructions and Examples of MADCAP Notices

00720.900 General Typing Instructions

The notices produced by MADCAP will contain one of the following completion categories:

"C" or "H" - a complete notice hs been produced because all the information has been generated or requested and input correctly.

"I" or "B" - an incomplete notice has been produced because it has been determined that a NON-MADCAP paragraph is needed to make it complete.

"A" - a notice with incomplete information has been produced because of an alert condition.

The letter completion code will be printed at the bottom left corner of the notice. The typist will only be concerned with completion codes of "I", "B", or "A".

Examples of all the MADCAP notices are shown in CN 00720.100 through CN 00720.800. The examples show the text which will be generated by the print program. All fill-ins which are automatically generated are identified by "(COMP. GEN.)." If the notice is requested, the fill-ins should be furnished by the benefit authorizer in addition to any other fill-ins required.

Additional instructions for completion of computer generated notices can be found in CN 00603.

00720.930 Typing Instructions for Incomplete Notices

When the benefit authorizer is unable to prepare a complete notice by using the MADCAP paragraphs, the notice will be coded as incomplete, "I" or "B" (see example 1). The benefit authorizer will prepare a Form SSA-573 giving the additional information for completing the notice. This informaion will be typed in the allotted space within the notice. If the allotted space is not adequate, the typist will use an "O" rider and type the added information. All paragraphs that are manually typed on the face of the notice will be typed in upper case letters. A tissue copy will be prepared and annotated "MADCAP SSA-L30-C1" or MADCAP SSA-L475-C1" in the lower left hand corner, initialed by the typist, dated and filed on the right hand side of the claims folder.

Example 1: MADCAP AWARD CODED "I" INCOMPLETE

Social Security Award Certificate

From: Department of Health and Human Services
Social Security Administration

(Name and Address of Payee as the Claimant or as Representative of the Claimant)

Debra M Estell
169 Meyers
Detroit MI 48235

Date

Claim Number: 000-00-0000 C2

Type of Benefit	Date of Entitlement	Monthly Benefit
CHILD	07/78	$115.50

SHORTLY AFTER 09/03/78, YOU WILL RECEIVE YOUR FIRST PAYMENT WHICH WILL INCLUDE ALL BENEFITS DUE YOU THROUGH 08/78. AFTER THAT, A CHECK FOR $115.50 WILL BE SENT TO YOU EACH MONTH.

BENEFITS ARE BEING PAID ON THE BASIS THAT THE STUDENT WILL BE ATTENDING SCHOOL FULL TIME THROUGHOUT THE SCHOOL YEAR. IF THERE IS ANY CHANGE IN PRESENT PLANS OR ATTENDANCE, PLEASE NOTIFY ANY SOCIAL SECURITY OFFICE AT ONCE. WE WILL THEN LET YOU KNOW WHETHER THE BENEFITS WILL CONTINUE.

YOUR FIRST PAYMENT WILL HAVE BEEN ADJUSTED FOR THE DIFFERENCE BETWEEN BENEFITS ALREADY PAID AND THOSE NOW PAYABLE ON THIS RECORD.

IF YOU BELIEVE THAT THIS DETERMINATION IS NOT CORRECT, YOU MAY REQUEST THAT YOUR CASE BE REEXAMINED. IF YOU WANT THIS RECONSIDERATION YOU MUST REQUEST IT NOT LATER THAN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. YOU MAY MAKE ANY SUCH REQUEST THROUGH ANY SOCIAL SECURITY OFFICE. IF ADDITIONAL EVIDENCE IS AVAILABLE, YOU SHOULD SUBMIT IT WITH YOUR REQUEST.

IF YOU HA'E QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

I
This certifies that you (or the person(s) on whose behalf you applied), became entitled under the Social Security Act to the social security benefits shown.

John A. Svahn
Commissioner of Social Security

Important: See other side for additional information ▶

Form SSA-L30-C1 (2-80) (Formerly SSA-30)

00720.970 Typing Instructions for Alerted Notices

A notice is alerted by the MADCAP notice print program because either the fill-in information for a requested paragraph is incorrect or missing or the criteria for establishing a notice is invalid or a program problem is encountered. The system will annotate an "A" in the lower left hand corner of the notice. If the notice alerted for a specific paragraph then the paragraph number will be shown next to the "A" (see example 2).

Information for completing the notice will be requested on Form SSA-573. Typist will prepare a tissue copy of the notice with the annotation "MADCAP SSA-L30-C1" or "MADCAP SSA-L475-C1", initial and date the copy and file it on the right hand side of the claims folder.

Example 2: MADCAP Post-Adjudicative Notice Coded "A" Alert

Social Security Benefit Information

From: (Reviewing Office)
(Reviewing Office Address)

Albert P. Arrone
208 N 4 St
Homer IL 61849

Date: 03/20/78

Claim Number: 000-00-0000 A

EFFECTIVE 01/78 A MONTHLY BENEFIT OF $322.00 IS PAYABLE BECAUSE THE BENEFITS ON THIS SOCIAL SECURITY RECORD HAVE BEEN REFIGURED TO GIVE CREDIT FOR ADDITIONAL EARNINGS.

A B39

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Department of Health and Human Services
Social Security Administration

Form SSA-L475-C1 (1-81)
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